

Atty. Dkt. No. 077056-0348



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Zazu Ciuca

Title:

**ONE-WAY TENSIONING** 

MECHANISM FOR CORDLESS

**BLIND** 

Appl. No.:

Unknown

Filing Date:

July 31, 2001

Examiner:

Unknown

Art Unit:

Unknown

## CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 o the date indicated below and is Commissioner for Patents, Washington, D.C. 20231. EL714060391US 7/31/01 (Express Mail Label Number) (Date of Deposit) Deborah Kocorowski (Printed Name) growing (Signature

## **UTILITY PATENT APPLICATION** <u>TRANSMITTAL</u>

Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Zazu Ciuca 3938 Elizabeth Glen Way Jamestown, NC 27282

## Enclosed are:

- Specification, Claim(s), and Abstract (24 pages). [ X ]
- [ X ] Informal drawings (4 sheets, Figures 1-9).
- Declaration and Power of Attorney (3 pages). [X]

The filing fee is calculated below:

	Claims		Included in		Extra			```	Fee
	as Filed	Basic Fee			Claims	Rate			Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	30 -	-	20	=	10	х	\$18.00	= -	\$180.00
Independents:	6	- '	3	_ =	3	- x	\$80.00	= -	\$240.00
If any Multiple Dependent Claim(s) present: + \$270.00							= -	\$0.00	
						•	SUBTOTAL:	= -	\$1130.00
[ ]	Small	Enti	ity Fees	Apply	/ (subtra	ct 1/2	of above):	= -	\$0.00
					TOT	AL I	FILING FEE:		\$1,130.00



- A check in the amount of \$1,130.00 to cover the filing fee is enclosed. [ X ]
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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